

# **K D OL**

## **Workers Compensation Division**

### **Request for Workers Compensation Records Upload/Download Site**

#### **Requestor's Guide**

Issued - March 12, 2009

Revised March 29, 2010

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Division of Workers Compensation  
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## **Introduction**

This guide is intended to provide an overview of the process that takes place when registering as a requestor and downloading workers compensation records.

## **Requesting access to the “Request for Workers Compensation Records”**

### **Request form for access**

- 1) The “Request for Workers Compensation Records” form can be obtained by contacting the Workers Compensation Research Department, or the form is available on the Kansas Department of Labor, Division of Workers Compensation Website. (Exhibit 1)
- 2) Once form is completed return it to the Research Dept of Division of Workers Compensation at the address or fax listed on the form.

## Exhibit 1 Request for Workers Compensation Records Form

### **ATTENTION**

The Kansas Department of Labor, Division of Workers Compensation, is providing claims information access via a secure electronic download site: "[Request for Workers Compensation Records](https://kdwcupload.dol.ks.gov/ClaimantUpload/)" (<https://kdwcupload.dol.ks.gov/ClaimantUpload/>).

This website allows registered users to download claims information after submitting signed Request for Workers Compensation Records, Forms K-WC 97, 98 or 970, to the Division. Paper copies of the request forms are necessary due to signature requirements. If users submit multiple research requests, each request will be uploaded separately and e-mails sent upon completion of each request. Users need to register one time only. Users already registered should check the box indicating such on the records request form.

#### **REGISTRATION INFORMATION**

To obtain access to the "Request for Workers Compensation Records" website, the following information is required:

- (1) One sign-on name; spelling of the sign-on name is critical since the website will reject sign-on if spelling errors are entered;
- (2) Once the completed request has been received and a login assigned, the requestor will be sent an access code by e-mail and the link to the registration page. Registration from this link will be required to create a password for access into the site.
- (3) Workers Compensation Password System Security Features  
Each password **must**:
  - \_\_\_ include at least one number
  - \_\_\_ contain at least one uppercase letter
  - \_\_\_ contain one or more lowercase letters
  - \_\_\_ include at least one special character such as: !@#%&^\*
  - \_\_\_ be at least 8 characters in length
- (4) Once the registration process has been completed, an e-mail notification will be sent instructing you to "Please click on this link to activate your account." This is verification that the e-mail address is true and correct.

**To register, please complete this form and mail to Division of Workers Compensation, Attn Research Dept., 800 SW Jackson, Ste 600, Topeka, KS 66612-1227, or fax to 785-291-3430:**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_  
**E-Mail Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

#### **ONLY ONE REGISTRATION PER EMPLOYER, LAW OFFICE, AND/OR CARRIER.**

The Division currently scans images of accident reports and undocketed settlements, therefore, some records may be in the form of a .tif image document. In order to view those documents, the requestor must have a .tif viewer. If you do not currently have a .tif viewer, a link to download a free viewer will be available on the website.

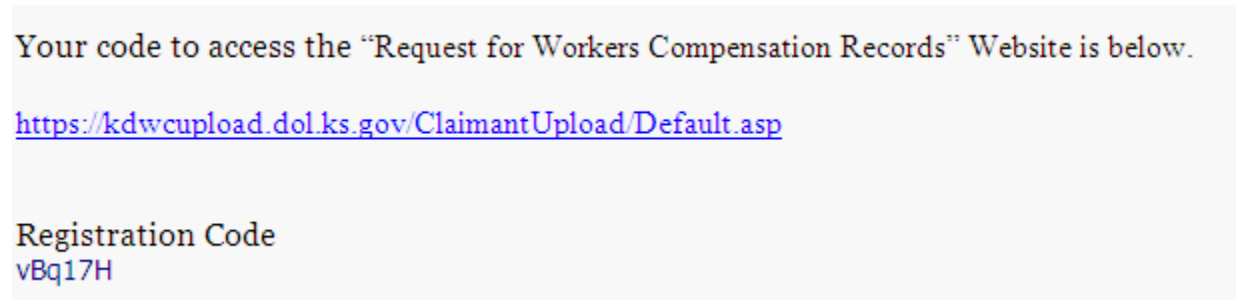
I certify that all information provided by me is true and correct to the best of my knowledge. I understand that providing false or misleading information may be a fraudulent or abusive practice under the Workers Compensation Act and may subject me to prosecution.

Signature of Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

## Process to register for access

Once a request is received the Research Dept. will assign a temporary registration code for external users (requestor<sup>1</sup>) to access the registration section of the “Request for Workers Compensation Records” Website. The Research Dept will send an email with the Website address and the access code (Exhibit 2).

## Exhibit 2 Email Registration Notification



## Exhibit 3 Home Page

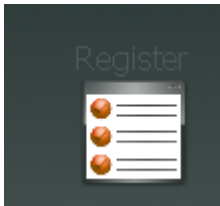
This is the home page where users log into the program (Exhibit 3).



<sup>1</sup> Requestor and User all refer to the external user requesting Workers Compensation records.

## Exhibit 4 Login Screen

From this screen users can login, register or request forms from the Division. With the registration code provided via e-mail, user will then click on the “Register” icon this will take them to the “Registration page” (Exhibit 4).



**KANSAS DEPARTMENT OF LABOR**  
Kansas Department of Labor, 401 SW Topeka Boulevard, Topeka, KS 66603-3182 785.296.5000

Request for Workers Compensation Records

First Name:   
Last Name:   
Registration Code:

Enter your **first name, last name** and **registration code** (provided by Kansas Department of Labor) to register your account. For more information about registration code, please contact David Sprick or Georgia Rogers at 785-296-4120 or E-mail: [Georgia.Rogers@dol.ks.gov](mailto:Georgia.Rogers@dol.ks.gov) or [David.Sprick@dol.ks.gov](mailto:David.Sprick@dol.ks.gov) or proceed to [Log In page](#)

## Exhibit 5 Create Login Id and Password

After users name and registration code is filled in and the “submit” button is clicked the user will be taken to the create User Id and Password page (Exhibit 5).

The screenshot displays the 'KANSAS DEPARTMENT OF LABOR' header with contact information: 'Kansas Department of Labor, 401 SW Topeka Boulevard, Topeka, KS 66603-3102 785.296.6000'. Below this is the title 'Request for Workers Compensation Records'. The main section is titled 'Password Requirement' and lists four criteria for password creation: 1. 8 characters or more, 2. Use mixed case letters (UPPER and lower case), 3. Can use more than one number, and 4. Use special characters like: ( ) ! @ # \$ % ^ & \* ? \_ ~. Below the list are three input fields: 'Desired User Name:', 'Choose a password:', and 'Re-Enter Password:'. Each field has a red asterisk to its right. A red asterisk next to the 'Choose a password:' field is accompanied by the text '8 characters required'. Below the input fields is a 'Next ---->' button. Underneath the button is a 'Password Meter' section with 'Length:' and 'Strength:' labels followed by progress bars. At the bottom, a box contains contact information: 'For more information about logging in, please contact David Sprick, Georgia Rogers or Brian Hayes at 785-296-4120 or E-mail: [David.Sprick@dolks.gov](mailto:David.Sprick@dolks.gov) , [Georgia.Rogers@dolks.gov](mailto:Georgia.Rogers@dolks.gov) or [Brian.Hayes@dolks.gov](mailto:Brian.Hayes@dolks.gov)'.

KANSAS DEPARTMENT OF LABOR  
Kansas Department of Labor, 401 SW Topeka Boulevard, Topeka, KS 66603-3102 785.296.6000

Request for Workers Compensation Records

Password Requirement

1. 8 characters or more
2. Use mixed case letters (UPPER and lower case)
3. Can use more than one number
4. Use special characters like: ( ) ! @ # \$ % ^ & \* ? \_ ~

Desired User Name:  \*

Choose a password:  \* 8 characters required

Re-Enter Password:  \*

Next ---->

Password Meter

Length:  Strength:

For more information about logging in, please contact David Sprick, Georgia Rogers or Brian Hayes at 785-296-4120 or E-mail: [David.Sprick@dolks.gov](mailto:David.Sprick@dolks.gov) , [Georgia.Rogers@dolks.gov](mailto:Georgia.Rogers@dolks.gov) or [Brian.Hayes@dolks.gov](mailto:Brian.Hayes@dolks.gov)

## Exhibit 6 Registration Page

- a) On the User Id and Password page the requestor will create the user Id and password that their entity will be using to access the website. Pay special attention to the password requirements. Then click the “next” button to continue to the contact information page (Exhibit 6). On the contact information page fill in all required data; note that if requestor is representing an Employer or a Carrier then their business name is required. The address and telephone number supplied should belong to the person that will be the contact point if there is an issue, the “User Id” and “Password” can generic to allow use by more than one user. However, only one e-mail address (this can be a shared e-mail address) can be used to send the notices of available records.

The screenshot shows the registration page for the Kansas Department of Labor. The header includes the department's name and contact information. The main title is "Request for Workers Compensation Records". Below this is a registration form with the following fields:

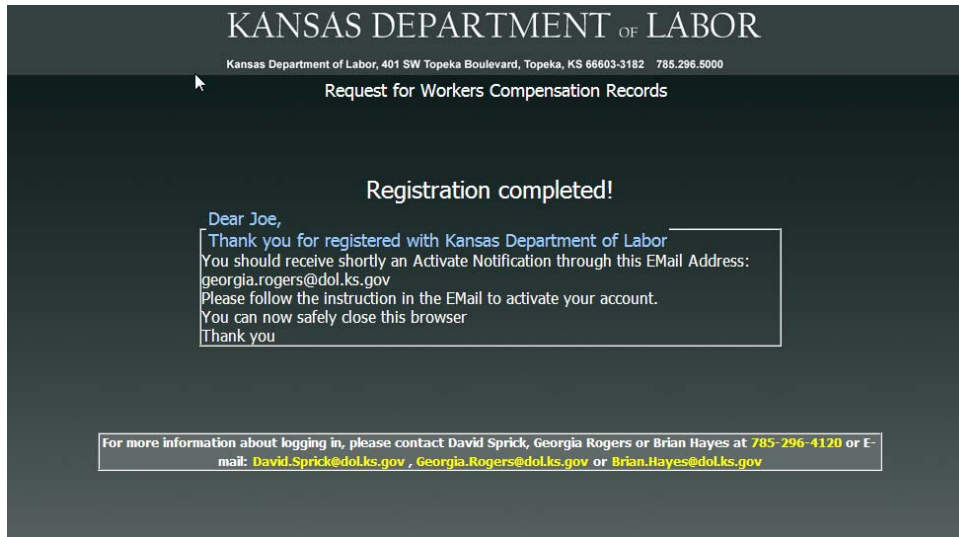
Type of requestor:	Employer *
Company Name:	* Required if Type of requestor is Employer or Carrier
Address:	*
City:	*
State:	*
Zip Code:	*
Phone Number:	*
Fax Number:	
E-Mail address:	* EMail address must be valid to activate the account

Below the form, there is a note: "Required where indicated \*". A "Register" button is located below this note. At the bottom, there is a box with contact information for David Sprick, Georgia Rogers, and Brian Hayes.

For more information about logging in, please contact David Sprick, Georgia Rogers or Brian Hayes at 785-296-4120 or E-mail: David.Sprick@dolks.gov , Georgia.Rogers@dolks.gov or Brian.Hayes@dolks.gov

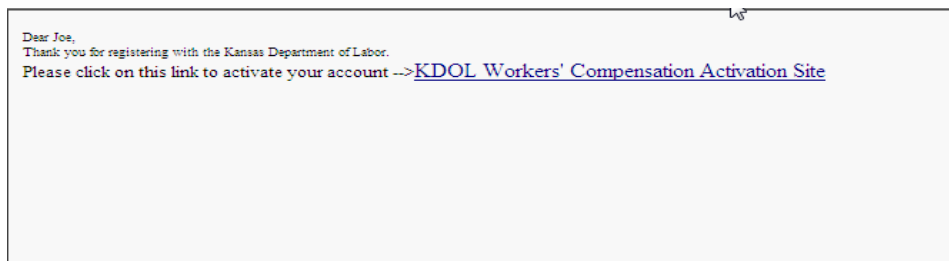
## Exhibit 7 Registration Completed Notice

Once the information section is completed and user has clicked “Register” they will receive a screen that identifies the user and the e-mail address supplied, along with a message that the requestor will be receiving email verification and a link to activate the account (Exhibit 7).



## Exhibit 8 Email link to Activate

The account is not activated until the link is used to verify that the e-mail address was correct (Exhibit 8).



## Exhibit 9 Activate Account

This is the screen the user will see when using the “KDOL Workers’ Compensation Activation Site” link. User will need to click the “Activate” button to complete the activation (Exhibit 9).



The screenshot shows a dark-themed web page for the Kansas Department of Labor. At the top, the text "KANSAS DEPARTMENT OF LABOR" is displayed in a light font, with the address "Kansas Department of Labor, 401 SW Topeka Boulevard, Topeka, KS 66603-3182 785.296.5000" below it. The main heading is "Request for Workers Compensation Records". Below this, a message states "To activate your account, click the button below". At the bottom, there is a light-colored button labeled "Activate".

## Exhibit 10 Login after Registration

On this screen user will enter the User Id and Password created to access requested records (Exhibit 10).



The screenshot shows the same dark-themed web page as Exhibit 9. The main heading is "Request for Workers Compensation Records". Below this, a message states "Your account is now activated" followed by "Please enter User ID and Password to log-in". There are two input fields: "User ID:" and "Password:". Below these fields is a light-colored button labeled "Submit". At the bottom, there are two links: "Register" and "Request Forms", each with a corresponding icon. At the very bottom, there is a box containing contact information: "For more information about logging in, please contact David Sprick, Georgia Rogers or Brian Hayes at 785-296-4120 or E-mail: David.Sprick@dol.ks.gov , Georgia.Rogers@dol.ks.gov or Brian.Hayes@dol.ks.gov".

## **Exhibit 11 Button Description**

### **Button 1 – Request Forms**



This button will take user to the Kansas Department of Labor, Division of Workers Compensation Website, where downloadable forms are available.

### **Button 2 – Change Password**



This button allows user to change their password.

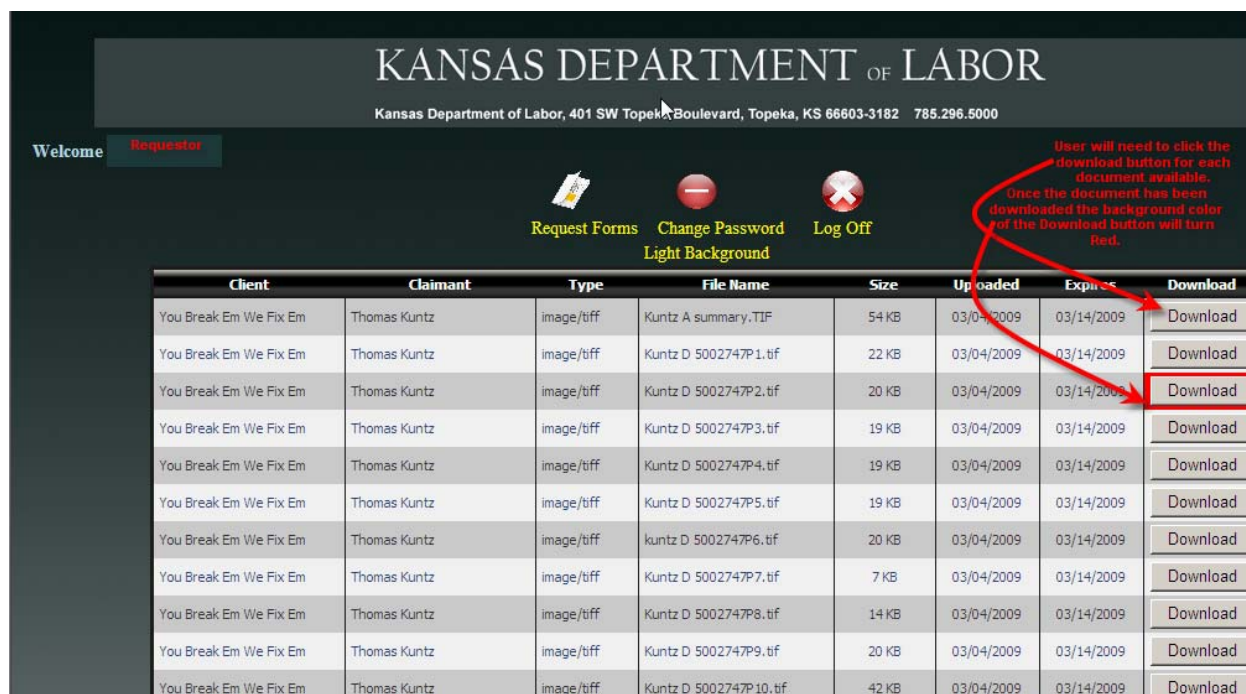
### **Button 3 – Log out**



This button will log the user out of the “Request for Workers Compensation Records” Website

## Exhibit 12 Requestor Home Page

On the Home page the user will see a list of all available documents. The Claimant column will list the claimant's name associated with the document; the Uploaded date is the first date the document is available for download, and the Expires date is the last date the document will be available to download. To help assist the user once a document has been downloaded the background color of the Download button will change to red (exhibit 12).



**KANSAS DEPARTMENT OF LABOR**  
Kansas Department of Labor, 401 SW Topeka Boulevard, Topeka, KS 66603-3182 785.296.5000

Welcome **Requestor**

[Request Forms](#) [Change Password](#) [Log Off](#)  
Light Background

Client	Claimant	Type	File Name	Size	Uploaded	Expires	Download
You Break Em We Fix Em	Thomas Kuntz	image/tiff	Kuntz A summary.TIF	54 KB	03/04/2009	03/14/2009	Download
You Break Em We Fix Em	Thomas Kuntz	image/tiff	Kuntz D 5002747P1.tif	22 KB	03/04/2009	03/14/2009	Download
You Break Em We Fix Em	Thomas Kuntz	image/tiff	Kuntz D 5002747P2.tif	20 KB	03/04/2009	03/14/2009	Download
You Break Em We Fix Em	Thomas Kuntz	image/tiff	Kuntz D 5002747P3.tif	19 KB	03/04/2009	03/14/2009	Download
You Break Em We Fix Em	Thomas Kuntz	image/tiff	Kuntz D 5002747P4.tif	19 KB	03/04/2009	03/14/2009	Download
You Break Em We Fix Em	Thomas Kuntz	image/tiff	Kuntz D 5002747P5.tif	19 KB	03/04/2009	03/14/2009	Download
You Break Em We Fix Em	Thomas Kuntz	image/tiff	kuntz D 5002747P6.tif	20 KB	03/04/2009	03/14/2009	Download
You Break Em We Fix Em	Thomas Kuntz	image/tiff	Kuntz D 5002747P7.tif	7 KB	03/04/2009	03/14/2009	Download
You Break Em We Fix Em	Thomas Kuntz	image/tiff	Kuntz D 5002747P8.tif	14 KB	03/04/2009	03/14/2009	Download
You Break Em We Fix Em	Thomas Kuntz	image/tiff	Kuntz D 5002747P9.tif	20 KB	03/04/2009	03/14/2009	Download
You Break Em We Fix Em	Thomas Kuntz	image/tiff	Kuntz D 5002747P10.tif	42 KB	03/04/2009	03/14/2009	Download

Email any questions on the “Request for Workers Compensation Records” Website to [WCRecordsRequest@dol.ks.gov](mailto:WCRecordsRequest@dol.ks.gov).